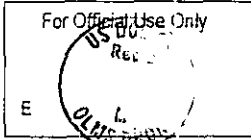


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13031</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RAUL</u> <u>VERGARA</u> P.O. Box, Bldg., Room No., if any _____ Street <u>900 EAST MOUNTAIN</u> City <u>LAS CRUCES</u> State <u>NEW MEXICO</u> ZIP Code - 4 <u>88001</u>	4. Name, file number, and address of labor organization. Name <u>LIUNA Local Union No. 16</u> Labor Organization File Number <u>030345</u> P.O. Box, Building and Room Number, if any _____ Street <u>1030 SAN PEDRO DR NE</u> City <u>ALBUQUERQUE</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>87110-6122</u>
5. Position in labor organization. <u>FIELD AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____
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Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed QUILL

On 8-9-05
Date

(505) 644-0172
Telephone Number

Name of Person Filing

RAUL VELARDE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH + SAFETY FUND OF NORTH AMERICA

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 905 16th STREET NWCity WASHINGTON, DCState _____ ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABORERS HEALTH + SAFETY FUND OF NORTH AMERICA

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 905 16th STREET NWCity WASHINGTON, DCState _____ ZIP Code + 4 20006

11.a. Nature of such dealing.

NEW MEXICO MULTICRAFT HEALTH + WELFARE FUND - BOARD MEETING

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

3/1/04 MEETL \$672912.b. Amount. \$6729

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

Receipt Information - Business meals and entertainment

The following information is required:

Date: 3/1/2004 \$807.43
 Employee Name: Jamie Peers
 Location: Albuquerque, N.M.
 Business Purpose: New Mexico Multicraft Health & Welfare Fund
 Board Meeting discussion re L383 membership transfer

Participants:	Name	Title	Organization
	Jamie Peers	Field Coord	Tri funds
*	Fidel Munoz	Chairman	NMHW *
	Bud Watson	Mgmt Trustee	NMHW
	Eddie Sachatti	Marketing Rep	LECET
*	Sonny Montoya	BM	L383
*	Lino Rodriguez	Labor Trustee	NMHW *
*	Harvey Delgado	BA	L383
*	Raul	Labor Trustee	NMHW *
	Laure Van Haejenoot	Attorney	NMHW
	Joel France	TPA	NMHW
	Glacys	TPA	NMHW
	Judy Woods	TPA	NMHW

Fidel Munoz - also BM of L16

Lino Rodriguez - also BA of L383

Raul - also BA of L16

Raul,

Please call me, you will have to fill out the attached LM-30. Part B, your amount is \$6729